CITY OF HOLLYWOOD RFP # 4522-16-RD AUGUST 4, 2016

SCORING MATRIX

	COMPANY	ASCEN	NSION	YO	DRK	РМА			NARS		CORVEL		
	LINE OF COVERAGE (WC/LIABILITY)	wc	LIABILITY	wc	LIABILITY	WC LIABILITY		сомв	wc	LIABILITY	wc	LIABILITY	
1	EXPERIENCE (20 POINTS MAX)	13	14	18	18	16	15	16	13	13	16	16	
	TECHNICAL QUALIFICATION OF ORGANIZATION AND ASSIGNED PERSONS (20 POINTS MAX)	13	14	16	18	14	14	14	14	14	14	14	
2	Loss Control Resources specifically identified?	No	No	Yes	Yes	No	No	No	No	No	No	No	
	Detailed Answer provided to explanation on Loss Control Services?	No	No	Yes	Yes	Yes	Yes	Yes	No	No	Yes But No Capabilities	Yes But No Capabilities	
	Carrier Approved?	Yes	Yes	Yes	Yes	No		No	Yes	Yes	Yes		
3	PROJECT UNDERSTANDING, PROPOSED APPROACH AND METHODOLOGY AND SERVICES PROVIDED (20 POINTS MAX)	10	14	17	18	14	14	16	15	15	16	16	
	REFERENCES AND COMPLETED PROJECTS (10 POINTS MAX)	10	10	10	10	10	10	10	8	10	10	10	
4	Reference #1	City of Por		Palm Beach Co. School District			Lee County BOC	С	Florida Sheriff's Ris			City of Miami Beach	
	Reference #2	Martin C			urance Trust	City of Ocala		Fla. Workers Comp. Insurance Guaranty Assoc.		City of North Miami			
	Reference #3	St. Lucie			ke Worth		William County,		AAA Cooper Tran		City of Pom		
5	COST (30 POINTS MAX)	23	30	25	14	26	17	20	12	20	18	18 298,000	
-	FLAT FEE - ANNUAL	\$ 116,500 \$ 9,708	\$ 82,500 \$ 6,875	\$ 114,556 \$ 9,547	\$ 199,295 \$ 16,608	\$ 101,750 \$ 8,479	\$ 170,000 \$ 14,167	\$ 257,000 \$ 21,417	\$ 152,500 \$ 12,708	\$ 140,000 \$ 11,667	Ş	298,000	
	FLAT FEE - MONTHLY ADJUSTED INITIAL ANNUAL FLAT FEE	\$ 9,708		\$ 9,547 \$ 114,556			\$170,000	\$ 257,000	\$ 12,708 \$ 152,500				
	TOTAL ANNUAL CLAIM ADMIN FEES						9170,000			•			
	(WC AND LIABILITY)	\$	199,000	\$	313,851	\$		257,000	\$	292,500	\$	296,750	
	RUN-IN/TAIL WC INDEMNITY CAP AND MEDICAL CAP and GL CAP			N/A - included	d in annual fees	Flat annual fee covers tail claims up to 72 indemnity claims, 65 medical only claims, 145 Auto Liab / BI claims, 42 Auto Liab / Prop. Damage claims, 18 Auto / Physical Damage claims and 15 Prof. Liab. Claims. If additional takeover claims are received, the program will be re-priced			N/A included in annual fee		\$250K covers WC and Liab. Claims handling for all new claims and all WC tail claims. \$250K covers on 55 liability tail claims Additional charge of \$250 per claim for 187 tail liab. claims = \$46,750 + \$250K annual fee = \$296,750 for first year.		
	NEW MEDICAL ONLY CLAIMS OVER CAP NEW INDEMNITY CLAIMS OVER CAP INDEMNITY TAIL CLAIMS OVER CAP LIABILITY TAIL CLAIMS OVER CAP	N/A - included	l in annual fee	N/A - included	N/A - included in annual fees		ovide pricing - sta to be re-priced if	ted program f tail claims	N/A included in annual fee		N/A included	sin annual fee	
	ADDITIONAL FEES:				1					1			
	BILL REVIEW/REPRICING	\$1.25 Per Line 3		\$9.95 Per Bill		\$7.00/Bill		\$7.00/Bill	\$8/Bill		\$1.50 Per Line		
\vdash	HOSPITAL AUDIT	Line Minimum 25% of Savings				25%		25%			25%		
\vdash	NETWORK SAVINGS	25% of Savings 25% of Savings		25% of Savings 25% of Savings		25%		25%	25%		25%		
	SUBROGATION/RECOVERY	10% of Savings		20.1 2. 00111183		0		0	20%	20%	25%	25%	
	TELEPHONE CASE MANAGEMENT			\$90/HR		\$95/HR		\$95/HR	\$225/Month or \$78/Hr		\$92/HR		
	FIELD CASE MANAGEMENT			\$90/HR		\$95/HR		\$95/HR	\$83-\$95/Hr		\$92/HR		
	NURSE REVIEW			\$95/HR		\$95/HR		\$95/HR	\$100/Hr		\$92/HR		
igwdot	Pharmacy Benefits Management	No PBM				No PBM		No PBM					
<u> </u>	Retail Brand			AWP-12%+\$3.75									
	Retail Generic			AWP-24%+\$3.75 AWP-14%+\$2.75									
\vdash	Mail Order Brand			AWP-14%+\$2.75 AWP-28%+\$2.75									
—	Mail Order Generic Annual Acct. Management Fee	Inclu	ıded		uded		Included		Include	od.	\$	5.000	
	One-time Data Conversion Fee (Tail claims)	N/A - included		\$	7,500	N/A included in annual fees		\$2,500		\$10,000 but Corvel said this is			
—	Life of Contract Pricing?	VI	ES	V	ES		YES		YES		negot YE		
	TECHNICAL POINTS SUBTOTAL												
	(100 POINTS MAX)	69	82	86	78	80	70	76	62	72	74	74	
	Local Preference												
	(5 bonus points)	4	4	4	4	3	3	3	3	3	3	5	
	CONTRACT TERMS	1 year term - Sub increase after		Claim handling pric year agreement wit 2nd and	th a 3% increase for	Flat 3 year pricing for annual claims handling of \$257,000 - PMA provided pricing for just WC, just Liability and then a "bundled" price of \$257K for combined		3 Subject to exceed the greater of 3.5% or CPI after 1st year		3 Subject to exceed the greater of 3.5% or CPI after 1st year			

GL Claims

	Closed	Open	Total
2010	150	15	165
2011	190	18	208
2012	125	35	160
2013	87	36	123
2014	72	64	136
5 Year Avg			158.4

WC	Closed	O	pen	Total
	2009	21	119	140
	2010	13	106	119
	2011	16	131	147
	2012	16	106	122
	2013	10	94	104
		76	556	632
		15.2	111.2	126.4

						City of	
						Hollywood	
						Actual Open	
WC CAP		Corvel Cap	Add Charge	PMA CAP	Add Charge	Claims	
	Indemnity	25	32300	72			59
	Med Only	70	0	65	4		69
GL CAP	GL	55	102850	287			242
Unit Cost							
WC							
	Indemnity	550					
	MO						
GL		550					

	Corve	1	Corvel				PMA	PMA	
Per RFP	Excess	s of	Excess		Ad	ditional	Excess of	Excess	
(Pg 40 for	Cap		Claim Corvel		Сар	Claim			
WC)	Charg	e	Count		Cha	arge	Charge	Count	
33	\$	950		8	\$	7,600			
117	\$	150		47	\$	7,050			52
242	\$	550	2	187	\$	102.850			

Additional PMA Charge